

**Catawba County Emergency Medical Services  
Health Insurance Portability and Accountability Act Policy and Procedure**

Request for Amendment of Protected Health Information

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Information to Amend:**

Please check the field that represents the type of information you would like to amend.

<input type="checkbox"/> Name	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Billing Address	<input type="checkbox"/> Surrogate Decision Maker
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Organ Donor
<input type="checkbox"/> Current Medical Condition	<input type="checkbox"/> Other: Please describe
<input type="checkbox"/> Past Medical History	_____
<input type="checkbox"/> Current Medications	_____
<input type="checkbox"/> Allergies	_____

Please specifically describe what information you want amended. Please ONLY list the new information.

\_\_\_\_\_  
\_\_\_\_\_

Catawba County EMS, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to Catawba County EMS based on existing protected information until such time that the amendments you have made are effective.

*Patient Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

We are now requesting permission allowing us to notify the persons with which the amendments need to be shared. We will provide to those individuals you identify to us as having received the PHI as well as those persons or business associates of Catawba County EMS that may have relied on or could be reasonably expected to rely on the amended PHI.

Identify to us any individuals you know of who may need the amended PHI about you and sign the statement below giving us permission to provide them with the updated PHI.

Sincerely,

David Weldon, Director  
Catawba County Emergency Services

By my signature below, I hereby allow Catawba County EMS to provide amended PHI to the following persons and to others who Catawba County EMS has identified have a need for such information provided such information is furnished in accordance with federal law.

Contact information for persons I know need the amended PHI about me:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

